

"UNMEET NEEDS FOR CONTRACEPTIVE AND ITS ATTITUDE SURVEY"

Adi Heru Sutomo

**Centre For Population Studies,
The London School of Hygiene and Tropical Medicine.**

INTRODUCTION

The findings of The World Fertility Survey (WFS) and Contraceptive Prevalence Surveys (CPS) are backgrounded by the Socio-demographic characteristic of the persons who fall into that category, but really they do not provide any explanation. The questionnaire of The CPS research included a question the reasons for the non-use of contraception. The Responses of respondents are presented under seven categories.

Pregnant or post-partum or desiring pregnancy, subfecund or not-sexually active, no knowledge or too expensive, having had or fearing side effects, religious reasons and husband opposition. The table shows only four reasons related to contraception: no knowledge or too expensive, having had or fearing side effects, religious reasons and husband opposition (Nag, 1986).

Because the findings come from 11 countries and the proportion also varies, it is clear from WFS and CPS data that the phenomenon of unwanted births exist in many less developed countries and varies considerably between countries.

In this paper, the author would like to explain carefully why people do not want to use any contraception, even they do not want to have anymore children. Furthermore, in this regard, the author also would like to explain the right method to do attitude survey on the context above, especially in the developing nations.

DISCUSSION

The findings of World Fertility Survey and Contraceptive Prevalence Survey are telling that the explanation varies in 4 (four) categories : 1. Health views 2. Belief and expectation views 3. Situation views and 4. Invalid data.

Health Views

Constrain related to menstruation : Schearer (1983) has found that the modern method of contraceptives (oral, IUD and injectables) are female methods and all of them have side effects on the cycle of menstruation. So it is becoming the most commonly stated reason for not using or discontinuing the use of modern contraceptive in less developed countries.

Almost all women experience increased bleeding and pain in the pelvic area immediatelly following the insertion of IUD. in some cases, the reason not use contraceptive is related to the consequences for the health of the users.

Perceptions and beliefs about health hazards as a reason of non-use contraceptive among men and women. The perceptions and beliefs may be scientifically

cause health hazards has been documented for women in Mexico, The dominican Republic and some sections of The United States, claims Sheldin (1978) which cited by Moni Nag (Nag, 1986).

To some extent, the discrepancy may simply reflect fecundity impairments. Some women who do not want to have more children are not using contraception because they are subfecund and, therefore, unlikely to become pregnant. In such countries as USA, Belgium and Great Britain, the percentage who are not practicing contraception when they want no more children is low enough to make this a plausible explanation for many of the discrepant cases. There is confirming evidence that this is a major explanation for non-use contraception in later stages of family life in USA (Freedman, 1974).

Belief and Expectation Views

In many societies, this disruptive effect is a matter of socialized belief system surrounding menstruation which give some restriction for women get menstrual. According to World Health Organization (WHO) task force study which conducted a survey among 5,322 women from 14 cultural groups in 10 countries from 1973-1979, said that prohibitions included sexual intercourse, praying to the GOD, visiting religious places, washing clothes, washing hair, visiting pregnant woman and so on.

Among Hindu-Bali women in Indonesia, of the 705 couples who had ever used any modern family planning method, some 95 % ($n = 669$) had used the IUD and of those 470 were currently using an IUD. A sub-section of the survey questionnaire was aimed specifically at these women, regardless of whether or not they were continuing to use an IUD. Some 360 (53.8 %) of the women answered that they had experienced problems. The women also mentioned that on average they had three problems of varying degrees of severity and importance. One half experienced longer menstrual periods while using the IUD and over 60% experienced heavier menstrual bleeding. Stomach pain and increased tiredness were felt by 44% of the women, and about half (49.4%) experienced loss of body weight.

The consequences of the high incidence of heavier and longer menstrual periods, and the occurrence of break-through bleeding for some of the women are of both a spiritual and corporeal nature. Entry to all temples is forbidden to menstruating women, nor they can be involved in the making of offerings, an almost daily duty in Bali, particularly in rural areas. In traditional households, a husband would sleep in a separate room, sometimes in a separate house from his menstruating wife. During this time, however, a Balinese woman may normally still prepare and cook food.

In addition to that, over half of the women stopped using an IUD ($n = 264$), but of those who did not stop, nearly half (48.1%) did nothing, just putting up with the problems; while 42% went back to the clinic where often they were given an injection. Only 7 women said that they used traditional medicine to threat the problems, while 12 used one of the locally available analgesics (Kim., 1986).

Among Philipina peasants, the concepts of hot and cold which an external agent going to bring a serious imbalance, it means a serious illness must be occur. Because of that, they believe condoms and diaphragms cause illness. The Jocano's finding

(1972) which cited by Moni Nag saying that in a contraceptive survey of two towns in The Philipina during 1969-1970, one third of the women who were fitted with IUD later requested their removal because of such fear. (Nag, 1986)

There are also some beliefs that some methods of contraception have negative effects for the body, for example among Mexican people who said that pills can cause cancer and birth defects in children conceived after the mother has stopped taking them. In India, in a survey of 2 villages of Gujarat people, one-third of the men interviewed said that vasectomy and castration were the same to them and more than two-third were not sure whether coitus was possible after vasectomy, reports Moni Nag who cited the findings of some experts (Nag, 1986).

In Indonesia, the majority of people are Moslems, so consultation with the husband is necessary. The husband makes decisions about matters affecting marital and familylife, and therefore in Indonesia, the husband's authorization is crucial. In this case, it is very difficult for women to have their own choice since the husband did not involve them in the idea of family planning or the husband himself did not involve in the idea of family planning (Joessoef, 1988).

Situation Views

Westoff claims, which cited by Moni Nag, that attitudes toward sex are also reasons of non-use contraceptive. Generally speaking, condoms and diaphragms reduce the sensation of genital contact in the sexual act. In the Metropolitan United States, interference with sexual enjoyment was the most common response when a sample of women was asked about their reason for not using any contraceptives, even though they expressed a desire to avoid conception (Nag, 1986).

The situation in which intercourse takes place may become a reason. For example a woman who would normally use contraception might not have it readily available if she is not involved in an on-going sexual relationship, but she might become caught up in a situation in which unplanned, and therefore unprotected, intercourse takes place (Whitley, 1985-1986).

Education level as a factor : In the developed countries at age 30-39, the proportion who are not practising contraception among those who want no more children and the percentage who are not practising and want no more children decrease systematically with education for each of four developed populations (USA, Hungary, UK and Belgium). In USA, the level of current non practice among women who want no more children are relatively high, particularly among those who have less than a high school education (Freedman, 1974).

Invalid Data

One possible explanation is that the measures about wanting children are grossly defective. It has been argued that the respondents in the developing countries give the interviewers the answer that are expected-biased toward smaller families than they really want. Another line of argument is that the attitude statements must be invalid or very low in salience, because if the couples really wanted no more children, they would

be sufficiently motivated to adopt contraception from commercial or official program sources or to use such methods as withdrawal or abortion (Freedman, 1974).

Attitude survey

And then how might we use an attitude survey to find out whether the explanation above was valid in one particular community? The answer is, we have to construct a scale to measure attitude toward a specific topic. First, we will select statements for inclusion in the scale; then we will test the scale to determine whether it discriminates between groups that might be expected to hold different opinions (although the term "Opinion" is often used to mean overt expression of an underlying "Attitude"). We shall ignore discrepancies between self-reported attitudes and related behaviour.

In the construction phase we will ask a number of people to judge the items we propose to include in our scale. These "Judges" will estimate how positive or negative each item is toward the attitude topic. The data gathered from the judges will allow us to select items that represent different points along a scale of attitudes ranking from very favourable to very unfavourable. Later in the validation phase we need to evaluate our subject's opinion by placing them on the scale that was constructed according to the data collected from the judges. In order that subject attitudes are placed in the appropriate context, both subjects and judges must be drawn from the same population.

An attitude scale can be validated by administering it to two or more large samples that are assumed to be different from each other on the relevant dimension that the scale presumes to measure. There are many criteria for selecting validating samples; however, the choice of sample should be guided by the purpose of the scale. For example a scale on attitude toward Marijuana could be tested on marijuana users and non-users (Gross, 1972). so, the answer for the question above, the scale on attitudes toward women who do not want any more children but do not use methods of contraception could be tested on contraception users and non-users.

It should be remember, however, that once the scale is validated by testing people with known attitudes, unknown attitudes or moderat attitudes can be tested and compared using the same measuring instrument.

Such scales are also usefull for testing the same person at different times. This procedure is followed by many attitude change experimenters who typically test subject's attitudes, then expose them to a persuasive communication and finally retest the subjects on the same scale to determine amount of change.

An improvement on this technique is to use one scale to measure initial attitudes and a different but equivalent scale after the persuasion attempt. If the second scale is equated with the first for mean judgment scores, changes can be measured while avoiding problems associated with using the same scale twice within a short time. The scale values of the statement should not be affected by the opinions of the people who help to construct it.

In practice, choose some housewives/husbands (in the right proportion) who will serve as respondents in this survey. These people must be alone, that is not be

members of a group. The reason for this restriction is that if we attempt to interview them within a group context, their answers might be influenced directly or subtly by the presence of other members of the group. So, we have to choose the right time to interview them, may be when their husbands/wives go to work and their children go to school and the like.

In a valid random sample, each potential interviewee has an equal chance of being selected. So, we have to prepare it properly. Encourage them to give their answers for our questionnaire. Do not give some stimulations or sign or force to bring them to achieve specific answer as the interviewers want.

Use an easy language which is understandable to them and even better to native speaking interviewers because they are not strange to the respondents.

CONCLUSIONS

In this study, that is quite clear that the answer for the question of why people do not want to use any contraception method, even though they do not want to have anymore children is due to some reasons : First, people's misinterpretation in the context of health knowledge. Second, people's belief and expectation views. Third, situation views and finally, because of invalid data which may exist in the research.

And then to do attitude survey, especially in the developing countries, it should be bearing in mind that it should do using the right samples, the right time, the right questions, the right language, the right interviewer and so on so forth. Actually in this context, we should also bearing in mind the living of culture which sometimes influence in the operational of the survey very much.

Acknowledgment

I would like to thanks Mr. John Simmons and Mr. Allan Hill for their helps in the preparation of this paper when I was finishing my studies in the Centre for Population Studies of The London School of Hygiene and Tropical Medicine, University of London.

REFERENCES

- Freedman, Ronald *et al.* 1974 *Cross-cultural comparisons : Data On Two Factors in Fertility Behaviour*.
 Gross. A. *et al.* 1972 *Measuring Attitudes : An Introduction to Research in Social Psychology : Exercises and examples*.
 Joesoef, *et al.* 1988 Husband's approval of contraceptive use in Metropolitan Indonesia: *Program Implications. Studies in Family Planning*, Volume 19, No 3 May/June 1988.
 Kim, Stratfield, 1986 Fertility Decline in a Traditional Society: The Case of Bali.
 Nag, Moni, 1986 Why People Desiring Birth Control Still Do Not Use Contraception, *Populi*, Volume 13, Number 2, 1986.
 Whitley, Bernard *et al.* 1972 A Meta Analysis of Research On Adolescent Contraceptive Use, *Population and Environment*, Volume 8, Number 3 & 4, Fall/Winter 1985-1986.